

Original Copy: Enrollment Services

Second Copy: Student

OFFICE OF ENROLLMENT SERVICES

41 BEE STREET PO BOX 250203 CHARLESTON • SC 29425-0203

Non-Degree Student Application

	Legal Name	First		Middle	SSN [†]		
	Other names on academic re	ecords:					
	Current mailing address: (va						
\subseteq	Street		Apt. No.	City		State	Zip Code
atio	() Home Telephone	Work/Emergency Teleph		ail Address			
Ë	Date of Birth	Geno	der*: 🗆 Male 🖵 Fo	emale			
Infor	† The social security number is optional except for students who are receiving government financial loans and grants and/or wish to claim a federal tax credit for the tuition they pay. The university must use this number to ensure proper government reporting. *Optional: If you choose not to answer these questions, it will not affect your application.						
Personal Information	U.S. citizen? ☐ Yes ☐ No	If NO, give country of c Type of Visa (please incl	itizenship:ude copy):	. 1 1	Expiration Date	e:	
	SC resident? ☐ Yes ☐ No	If YES, give county in w If fewer than 12 consecu	ber, if applicable (plo hich you reside: tive months, your re	sidence for past 2): How long? 24 months:		
	MUSC full-time faculty or staff? □ Yes □ No If YES, eligible for reduced filing fee upon proof of status.						
	Note: Members of the Armed Forces assigned to duty in South Carolina and their spouses and dependents are eligible to pay tuition at the resident rate regardless of length of residence in South Carolina. Complete this section only if you are military or military connected. Assigned to duty in SC Spouse or dependent of military personnel assigned to duty in SC. Military personnel must furnish copy of orders to Enrollment Services two weeks in advance of registration if accepted for admission. Dependents must furnish copy of orders and birth certificate/marriage license, as applicable.						
ב	Beginning with the most current, list in chronological order <u>ALL</u> colleges and/or universities attended, including MUSC. If more space is required attach a separate sheet.						
Education	NAME OF INSTITUTION	CITY & STATE	DATE OF ENTRANCE	DATE OF EXIT	CUM GPA MAJOR (based on 4.0 scale)	DEC	DIPLOMA OR GREE RECEIVED OR EXPECTED
	cription: For use only in feder of Hispanic or Latino origin?		ot Hispanic or Latino	☐ Yes, Mexica			Yes, Puerto Rican
Racial sel	f-description:	☐ Undeclared ☐ White ☐ Asian Indian ☐ Chine ☐ Vietnamese ☐ Samoa	se 🖵 Filipino	□ Japanese □	l American Indian/Alaskan l Korean □ Pakistani □ 'Chamorro□ Native Hawai	SE Asian	
Registrati	ion Request for Term:		Year:				
Course re	equested:	Title				Cr	redits
	by Dean:						
	•	e Director:					
Student S	Signature						
		O					
	ration Fee Received: \$		gram Fee: \$		Access Fee Received: \$		
Library	•		ion Received: \$				
			al Received: \$		Paid Receipt Number		
	red By:		e:				<i>∞ :</i> = -
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Medical University of South Carolina

Office of Enrollment Services • 41 Bee Street • PO Box 250203 • Charleston, SC 29425-0203 • (843) 792-5396

Information for Non-Degree Students

Effective Fall 1995:

Non-degree seeking students will be allowed to enroll in the fall, spring and summer terms as part-time students, subject to approval by the dean of the college in which the course of enrollment occurs. (Approved by the University Education Committee May 1995.)

Approvals and enrollment must be completed by the end of the drop/add period. All fees are required to be paid at the time of processing. The non-refundable application fee is required each term of enrollment.

- Applicant completes form and secures required approvals of dean and chair/director of the college/department offering the course.
- Applicant returns completed form to the Office of Enrollment Services, where tuition and mandatory fees are calculated and collected. (Either personal check or Visa/MasterCard is acceptable.)
- Enrollment Services issues to applicant a copy of the application and a fee receipt.
- Applicant takes copy of the application and a fee receipt to Public Safety for photo and obtains official ID badge.